

# Vermont Insurance Continuing Education Program

## Request for Extension

I hereby request an extension of the time in which to complete my continuing education requirements. By signing this request, I acknowledge that if I fail to complete my continuing education requirements within this extension period, my producer's license will be suspended. I further acknowledge that this extension shall not reduce my continuing education requirement for the next review period.

License Number	
Name (Last, First, M)	
Mailing Address	
Residence Phone Number	Business Phone Number
____ - ____ - ____	____ - ____ - ____
Signature	Date
_____	____/____/____
Email Address to send CE confirmation email to:	
_____	

Requests for Extension must be received at the Department **no later than March 31, 2017**. Attach a written explanation outlining the reason for your extension request.

Send Request for Extension via email to [sandra.fraser@vermont.gov](mailto:sandra.fraser@vermont.gov)

or fax to 802-828-1633

**Vermont Department of Financial Regulation**

**Licensing Section - Producer CE**

89 Main Street  
**Montpelier, VT 05620-3101**